

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....*St. Louis Mo.*

Registration District No. *791*
Primary Registration District No. *1003*
(No. *30152 Wisconsin*)

File No. *18852*
Registered No. *3999*
St. Ward)

2. FULL NAME

(a) Residence. No. *30152 Wisconsin* St. *24* Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 21-1869.*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 10 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Laborer*
(b) General nature of industry, business, or establishment in which employed (or employer) *Mfg R. R.*
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

10. NAME OF FATHER *Unknown*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

12. MAIDEN NAME OF MOTHER *Not known*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Not known*

14. INFORMANT *Louisa Haenssel*
(Address) *30152 Wisconsin Ave*

15. FILED *27 1927* *Mar. 6. Starke*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *April 26-1927.*

17. I HEREBY CERTIFY, That I attended deceased from *April 19* to *April 26*, 19*27*, that I last saw him alive on *April 26*, 19*27*, and that death occurred, on the date stated above, at *1:25 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar pneumonia
103
(duration) yrs. mos. *8* ds.

CONTRIBUTORY (SECONDARY) *chronic myocarditis*
10/10
(duration) *5* yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH

Did an operation precede death? *no* DATE OF

Was there an autopsy? *no*

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) *William Winter*, M. D.
4/27, 19 (Address) *3325 S. Grand Ave*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Sunset Burial Park.* DATE OF BURIAL *April 27 1927*

20. UNDERTAKER *Ziegenhain Bros. 2623 Cherokee St.*

